

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

19893

166

1. PLACE OF DEATH

County Cole

Registration District No. 213

Township

Primary Registration District No. 3014

City

(No.)

St.

Ward)

2. FULL NAME

(a) Residence, No. 5119 E. Capital Ave. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Lillian Bradford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb. 24, 1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

79

3

9

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Educational Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

✓

✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Sedalia, Mo.

MOTHER FATHER

13. NAME

William Driskell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Iowa

15. MAIDEN NAME

Mrs. Isabelle Cathey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

17. INFORMANT (ADDRESS)

Louis Driskell

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Sedalia

DATE

6/5, 1934

19. UNDERTAKER (ADDRESS)

Buecher Funeral Home

20. FILED

6/14, 1934

1934

Dr. Bradford

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

6-3, 1934

22. I HEREBY CERTIFY, That I attended deceased from

5/27/34, 1934, to 6/9/34, 1934

I last saw him alive on 6/2/34, 1934. Death is said

to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary sclerosis.

128

7-18

Other contributory causes of importance

Nephritis, indurated, (cause unknown)

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

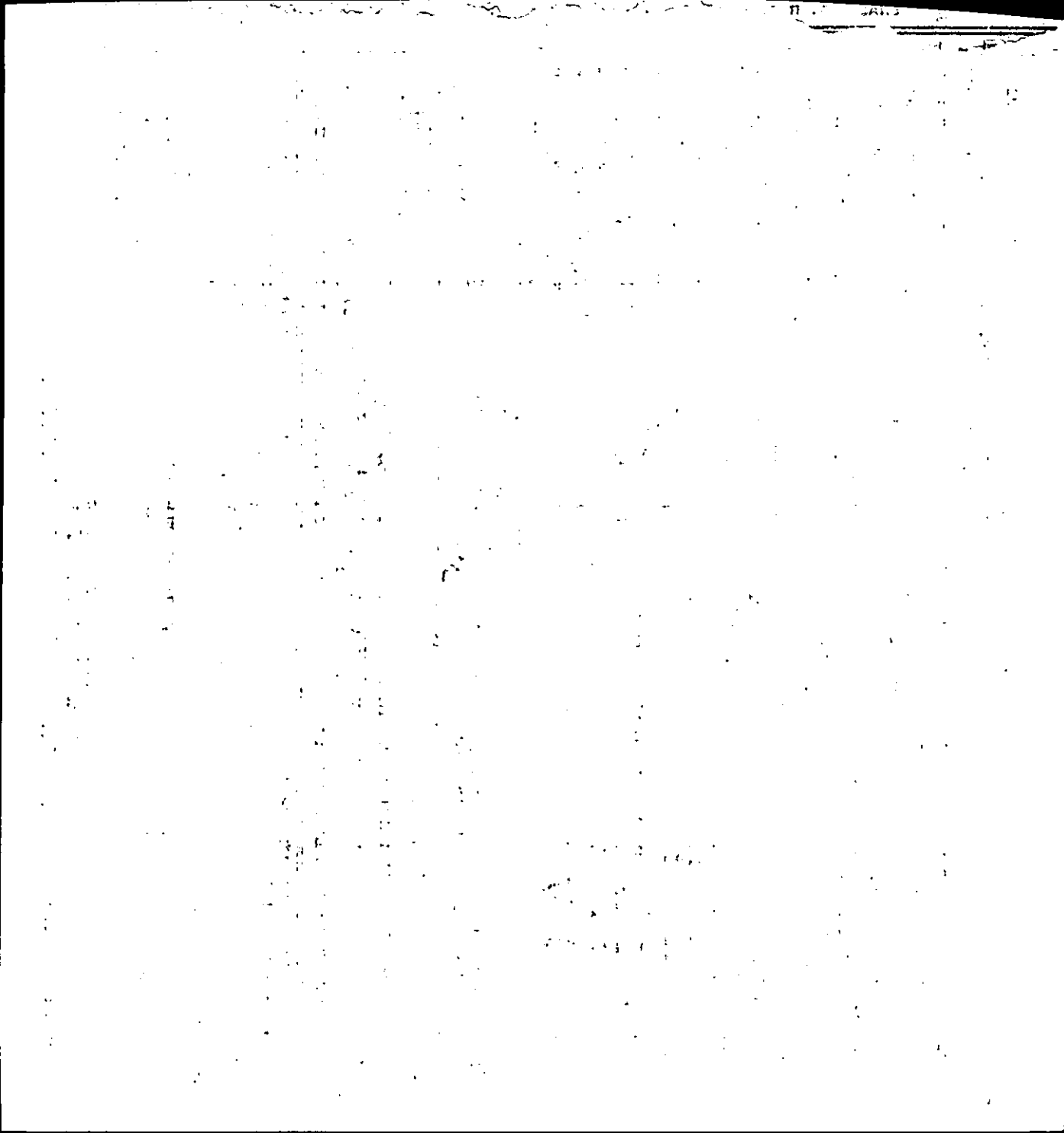
24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) David E. Butler, M. D.

(Address)

Jefferson City, Mo.



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Dale

Registration District No. 213

Township Jefferson

Primary Registration District No. 3014

City Jefferson

No.

File No.

Registered No.

St. Ward

2. FULL NAME

(a) Residence, No. George Washington Driskell St. Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) w

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 79 3 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19 Dr Bradford M. L. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 19 34

22. I HEREBY CERTIFY, That I attended deceased from to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Interest nephritis chronic

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.

(Address)

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